

# ROSEBUD COUNTY, MONTANA

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

Employees of Rosehud County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, creed, religion, political affiliation, national origin, disability, marital status, sex or age.

Rosebud County encourages applications from diverse candidates and candidates who support diversity.

PLEASE RE.	AD CAREFULLY	- PRI	NT CLEARLY	OR	TYPI	Ξ -	A	ANSWER	ALL QUESTIONS
Name in full		(7)	(T)*(\)			()	/liddle		( ) (Telephone)
		(Last)	(First)			(1)	Aldale	;)	(Telephone)
Address	(Mailing & Street)		(City)			(Sta	te & 2	Zip)	( ) (Message Telephone)
	s or older?								
	g for:		Depar	rtment:					
List other names	, if any, used on employ	yment or ed	lucation records:						
United States be	ed from lawfully becom cause of Visa or Immig			] Ye	S		No		
Have you ever w for Rosebud Cou	vorked	Departm	nent?					When?	
Position Held?			Rea	ason fo	r Leav	ing?			
Do you have any	relatives working for R	Rosebud Co	ounty?	Yes [	□No	-			
If yes, where?									
Have you ever b If yes, describe i dates:	een convicted of a felor n full giving —	ny? □	l Yes C	] N	10 (	Convi	ction	is not an aut	omatic bar to employme
			EDUCATI	ON					
School	Name and Address of S	School	Course of Study	Check Last Year Completed		Did you Graduate?	List Diploma or Degree		
High School				1	2	3	4	☐ Yes ☐ No ☐ GED	
College' University				1	2	3	4	☐ Yes ☐ No	
Other									
(Specify)									

#### EMPLOYMENT HISTORY

(Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Give a complete record of employment.)

May we contact employer listed below? YES □ NO □ Most recent employment first Position/Title \_\_\_\_\_\_ From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_ Phone: Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_ State: Zip: Salary Full Time □ Part Time □ Hours/week \_\_\_\_\_ Phone No. \_\_\_\_\_ Supervisor's Name & Title In your own words describe your work: Reason for Leaving: May we contact employer listed below? YES □ NO □ Position/Title From Mo./Yr. To Mo./Yr. Phone: Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_ State: Zip: Full Time □ Part Time □ Hours/week Salary Supervisor's Name & Title Phone No. In your own words describe your work: Reason for Leaving: May we contact employer listed below? YES  $\square$  NO  $\square$ Position/Title \_\_\_\_\_ From Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_ Employer Phone: Address \_\_\_\_\_ City \_\_\_\_ State: Zip: Salary Full Time □ Part Time □ Hours/week \_\_\_\_\_ Supervisor's Name & Title Phone No. \_\_\_\_\_ In your own words describe your work: Reason for Leaving:

May we contact employer listed below?	YES□ NO□
1 - 2	

Salary	Full Time	Part Time	Hours/week _			
	e					
	be your work:					
				32		
Please explain any period	s of unemployment:					
-						
ESUME REQUESTED	BUT NOT REQUIRED.					
ESUME REQUESTED		REFERENCES 3 non-family referen				
1)	(Minimum of	3 non-family referen	nces are required.)			
	(Minimum of	3 non-family referen	nces are required.)			
1) NameAddress	(Minimum of	3 non-family reference  Title  City	nces are required.)			
1) Name Address State	(Minimum of	3 non-family reference  Title  City	nces are required.)			
1) Name Address State 2)	(Minimum of	3 non-family reference  Title  City  Phone	nces are required.)			
1) Name Address State 2) Name	(Minimum of	3 non-family reference  Title  City  Phone  Title	nces are required.)	-		
1) Name Address State 2) Name Address	(Minimum of	3 non-family reference  Title  City  Phone  Title  City	nces are required.)			
1) Name Address State 2) Name Address State 3)	(Minimum of	3 non-family reference  Title	nces are required.)			
1) Name Address State 2) Name Address State 3) Name	(Minimum of	3 non-family reference  Title	nces are required.)			
1) Name Address State 2) Name Address State 3) Name Address Address	(Minimum of	3 non-family reference  Title	nces are required.)			
1) Name Address  State 2) Name Address State 3) Name Address State Address State	(Minimum of	3 non-family referent  Title  City  Phone  Title  City  Phone  Title  City  Phone  Title  Phone  Title  Phone	nces are required.)			
1) Name Address  State 2) Name Address State 3) Name Address State Address State	(Minimum of	3 non-family referent  Title  City  Phone  Title  City  Phone  Title  City  Phone  Title  Phone  Title  Phone	nces are required.)			

MONTANA PREFERENCE ACTS If you are claiming preference under Montana Veterans' Employment Preference Act or Persons with Disabilities Employment Preference, check the appropriate box(es) below: (Documentation will be required) To claim Veterans' Employment Preference you must be a U.S. citizen and (check one of the boxes below): ☐ A Veteran separated under honorable conditions. ☐ A Disabled Veteran separated under honorable conditions. ☐ The spouse of a disabled veteran if the veteran's disability prevents him/her from working. ☐ The unremarried surviving spouse of a veteran or disabled veteran. ☐ The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent, and total disability. You may claim Disabled Persons Employment Preference as (check one of the boxes below): ☐ A disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs. ☐ The spouse of totally (100%) disabled person certified by Vocational Rehabilitation and Blind Services or U.S. Department of Veteran's Affairs. If you checked one of the above boxes for Persons with Disabilities Employment Preference Act: Are you a Montana resident? ☐ Yes ☐ No If "YES", date residency established: CERTIFICATION and AUTHORIZATION FOR RELEASE OF INFORMATION (Each application requires current date and original signature.) I am an applicant for a position with Rosebud County. As such I am required to furnish information, which the County may use to determine my qualifications and suitability for employment. I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment opportunities with Rosebud County or termination of my existing employment with Rosebud County. I further understand that all information on this application is subject to verification and I consent to a criminal history / driving background checks for applicable positions. I also consent that authorities of Rosebud County may contact my references, former employers, educational institutions or any other entities or agencies listed regarding this application. I further release said County, as well as my former employers, from any and all liability resulting from these reference checks. Date: Signature We appreciate your interest in employment with Rosebud County. Please feel free to attach your resume to this application, or any other additional information which you feel will be helpful in evaluating your qualifications for the position.

#### Submit completed and signed application to:

Rosebud County Commissioners 1200 Main Street PO Box 47 Forsyth, MT 59327

	 OFFICE USE	ONLY	

### RELEASE FOR

## PRE-EMPLOYMENT BACKGROUND INFORMATION

Sheriff's Office to conduct a background information check on me. I understand and agree the INFORMATION ABOUT ME will be used and shared internally by Rosebud County personnel and officials
to evaluate me for employment with the Rosebud County Sheriff's Office.
Excepts as noted by crossing-out the item, I consent to background information research by Rosebud County knowing the research will include, but is not limited to, the following sources of information (CHECK OFF ANY ITEM FOR WHICH CONSENT IS WITHHELD).
() Criminal History (including federal and multi-state criminal history records, and law enforcement and prosecution files)
( ) Traffic/ Driving Records and Reports Juvenile Offense Records and Reports
( ) Judicial Records of civil and criminal proceedings
( ) Probation Records
() Child and Family Service Information and Referrals
() Current and former employers References provided the applicant
( ) Other/ Notes by applicant:
I consent and direct that nay entity and/or person holding the information about me, except as expressly noted, or withheld above, shall release the information to Rosebud County.
I further release and agree to hold-harmless these entities and persons who in good faith provide information about me to the Rosebud County Sheriff's Office base on this Release. I agree that I cannot and will not pursue any claim against the providers of information or against Rosebud County based on employment decision premised on background information provided or received in good faith.
I SO AGREED this day of,20
Signature:
Printed Name:
Maiden Name or Aliases:
Date of Birth:
Social Security Number:
Drivers License NoState:
This Release Expires: